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Bib Data Sheet

CONFIRMATION NO. 9718

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>09/829,654 | FILING DATE<br>04/09/2001<br><br>RULE | CLASS<br>370 | GROUP ART UNIT<br>2664 | ATTORNEY DOCKET NO.<br>00P7569US01/059001 |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

YES CH

This application is a CIP of 09/660,882 09/13/2000  
 and claims benefit of 60/195,616 04/07/2000  
 and claims benefit of 60/153,762 09/13/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*

NO CH

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/15/2001

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
|---------------------------------|--|----------|---------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged       | CH Examiner's Signature Initials   | GERMANY  | 4       | 16     | 4           |

## ADDRESS

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## TITLE

Integrated access device controller

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| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><br><input type="checkbox"/> 1.16 Fees ( Filing )<br><br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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